Vendor ID/Code Address Code Stipend Name/Type				Payment H	Payment Handling:			
Payee Legal Name (Individuals should include full first and last name and middle initial)				Quick	Quick Pay			
SMU ID Country (Foreign)			Check					
Permanent Address				City				
				State	Zip	Zip		
Department Name Department Contact					Department Phone			
Preparer's Name (Typed or Printed) Authorized by					Date			
Payments to individuals: U.S	S. Citizen/Permanent Res	ident B	ZS	NO				
If no: for HR and Payroll to reviewa determination to the Paymen	nd make a determination. ht Request Form.	. Please attach t	he FNI Form a	and supporting	documentation,as ell	as a copy of HR's	S	
		DISTRI	BUTION					
Payment Due Date	Amount		Fund (2)	Org (6)	Subclass (5) Projec	ct (7)	
Total Stipend Amount								
Special Approvals (Request must be	signed by someone autho	prized to charge a	gainst the orga	nization ID's re	ferenced above)			

Туре

Date